FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **556388** **(7)**

1. Corporation Name

COOKE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2019 NE 14TH CT FT LAUDERDALE FL 33304 US	2019 NE 14TH CT FT LAUDERDALE FL 33304 US

3. Date Incorporated or Qualified: **12/30/1977**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1886236** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOKE, PETER
4367 N. FEDERAL HWY.
SUITE 400
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: Peter Cooke
82 Street Address (P.O. Box Number is Not Acceptable): 2019 NE 14th Ct.
83 Fl. Lauderdale
84 City: **FL** 85 Zip Code: 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation authorizes the officer(s) or director(s) listed to execute this statement. I am familiar with, and accept the obligations of, the position(s) listed for me.

SIGNATURE: Peter M. Cooke DATE: 4/10/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	COOKE, PETER		12 NAME	
STREET ADDRESS	2019 NE 14TH CT.		13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COOKE, PETER		22 NAME	
STREET ADDRESS	2019 NE 14TH CT.		23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, complete, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changes or additions, if any.

SIGNATURE: Peter M. Cooke 4/10/96 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)